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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration  
Submitted With Initial  
Filing OR  
☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number 50544.00010 NVLS 432

First Named Inventor Thomas M. Pratt

**COMPLETE IF KNOWN**

Application Number Unknown

Filing Date Herewith

Group Art Unit Unknown

Examiner Name Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**Magnetically Coupled Linear Servo-Drive Mechanism**

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [ ] as United States Application Number or PCT International

Application Number [ ] and was amended on (MM/DD/YYYY) [ ] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

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**Burden Hour Statement** This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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## DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon							
<b>NAME OF SOLE OR FIRST INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> Thomas M. (first and middle [if any])				<b>Family Name</b> Pratt or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
San Jose			CA		U.S.A.		U.S.
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
c/o Novellus Systems, Inc., 4000 North First Street							
<b>Mailing Address</b>							
San Jose			CA		95134		U.S.A.
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>Country</b>
<b>NAME OF SECOND INVENTOR:</b>				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
<b>Given Name</b> Scott D. (first and middle [if any])				<b>Family Name</b> McClelland or Surname			
<b>Inventor's Signature</b>					<b>Date</b>		
San Jose			CA		U.S.A.		U.S.
<b>Residence: City</b>			<b>State</b>		<b>Country</b>		<b>Citizenship</b>
c/o Novellus Systems, Inc., 4000 North First Street							
<b>Mailing Address</b>							
San Jose			CA		95134		U.S.A.
<b>City</b>			<b>State</b>		<b>Zip</b>		<b>Country</b>
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Craig L.		Stevens	
Inventor's Signature		Date	
Residence: City	Ben Lomond	State	CA
		Country	U.S.A.
Citizenship U.S.			
Mailing Address c/o Novellus Systems, Inc., 4000 North First Street			
Mailing Address			
City	San Jose	State	CA
		ZIP	95134
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kerry		Hopkins	
Inventor's Signature		Date	
Residence: City	Gilroy	State	CA
		Country	U.S.A.
Citizenship U.S.			
Mailing Address c/o Novellus Systems, Inc., 4000 North First Street			
Mailing Address			
City	San Jose	State	CA
		Zip	95134
		Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
		Country	
Citizenship			
Mailing Address			
Mailing Address			
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AUTHORIZATION OF AGENT**

<b>Application Number</b>	UNKNOWN
<b>Filing Date</b>	HEREWITH
<b>First Named Inventor</b>	Thomas M. Pratt
<b>Group Art Unit</b>	UNKNOWN
<b>Examiner Name</b>	UNKNOWN
<b>Attorney Docket Number</b>	50544.00010 NVLS 432

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☒ Practitioner(s) named below:**Name/ Registration Number**

Marc A. Sockol, Reg. No. 40,823; Daryl C. Josephson, Reg. No. 37,365; Arnold de Guzman, Reg. No. 39,955; Cameron Kerrigan, Reg. No. 44,826; Patrick D. Benedicto, Reg. No. 40,909; David B. Abel, Reg. No. 32,394; Nathan Lane, Reg. No. 43,738; Lorinda Howland, Reg. No. 42,671; Michael Lechter, Reg. No. 27,350; David Koo, Reg. No. 46,839; David Rogers, Reg. No. 38,287; William Bachand, Reg. No. 34,980; Aaron Wininger, Reg. No. 45,229; Paul A. Durdik, Reg. No. 37,819; Paul J. Meyer 47,791; Victoria L. Nicholson, Reg. No. 47,823; and Fariba Sirjani, Reg. No. 47,947.

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

1 <sup>st</sup> Name	Thomas M. Pratt
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

**SIGNATURE of Applicant or Assignee of Record**

2 <sup>nd</sup> Name	Scott Douglas McClelland
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms is submitted. Page 1 of 2

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AUTHORIZATION OF AGENT**

<b>Application Number</b>	UNKNOWN
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<b>First Named Inventor</b>	Thomas M. Pratt
<b>Group Art Unit</b>	UNKNOWN
<b>Examiner Name</b>	UNKNOWN
<b>Attorney Docket Number</b>	50544.00010 NVLS 432

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☒ Practitioner(s) named below:

Name/ Registration Number

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**3<sup>rd</sup> Name Craig L. Stevens

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

**SIGNATURE of Applicant or Assignee of Record**4<sup>th</sup> Name Kerry Hopkins

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms is submitted. Page 2 of 2